

California State Archives
State Government Oral History Program

Oral History Interview

with

ROBERTA FENLON

President, California Medical Association, 1970-1971

July 13, 1984
San Francisco, California

By Gabrielle Morris
Regional Oral History Office University of California, Berkeley

For the Ronald Reagan Gubernatorial Era Governmental History Project
Regional Oral History Office
The Bancroft Library
University of California at Berkeley

and

State Government Oral History Program
California State Archives

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INTERVIEW HISTORY

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Interview Time and Place

Dr. Fenlon was interviewed on July 13, 1984, in her office in downtown San Francisco. The interview lasted two hours.

Editing

This interview was recorded for the Regional Oral History Office Ronald Reagan Gubernatorial Era Project and was completed under the auspices of the State Archives State Government Oral History Program.

Morris checked the verbatim manuscript of the interview against the original tape recordings, edited for punctuation, paragraphing, and spelling, and verified proper names. The interviewer also prepared the footnotes and introductory materials.

In 1985, Dr. Fenlon was sent a copy of the edited transcript for approval. Due to illness, she was not able to complete her review before her death in August 1987. Early in 1988, the second half of the edited transcript was found by the Bancroft Library archivist among the doctor's papers, with a single word revision. The final manuscript was prepared using the Regional Oral History Office file copy of the edited transcript.

Papers

Dr. Fenlon's papers have been deposited in The Bancroft Library by her executor.

Tapes and Interview Records

The original tape recordings of the interviews are in The Bancroft Library archives at the University of California at Berkeley, along with the records relating to the interview. Master tapes are preserved at the California State Archives in Sacramento.

BIOGRAPHICAL SUMMARY

Roberta Florence Fenlon was born in Clinton, Iowa, on June 13, 1911, the daughter of Dr. Robert L. Fenlon and Florence Prime Fenlon. Educated in Clinton schools and at Iowa State University, she received her medical degree from the University of Iowa, and became an intern at San Francisco General Hospital in 1941.

Dr. Fenlon then became a resident at the University of California Medical School in San Francisco, where she continued as a professor of clinical medicine until the 1980s. She also maintained a private practice and became active in the San Francisco Medical Society. After editing the society newsletter and serving in other positions on the board of directors, she went on the board of the California Medical Association.

In 1970 she was elected president of the CMA, the first woman to hold that position. In these leadership positions, she played an active role in the medical profession's response to the state and federal legislation expanding public services for health care, including the 1964 Medicare and Medicaid bills and controversies over administration of the California programs of the California Office of Health Care Services, later Department of Benefit Payments, from 1970 to 1974.

In addition to a life-long interest in voluntary solutions to community health and social problems, Dr. Fenlon enjoyed gardening and reading.

She died in San Francisco on August 31, 1987.

[Session 1, July 13, 1984]

[Begin Tape 1, Side A]

MORRIS: How do you sort that out?

FENLON: How do you sort that out? When they get sick and ill, then they will be taken care of as far as their health is concerned, but not for anything else.

MORRIS: Not preventive.

FENLON: No, that's not true either. Everyone who wants will have insurance for his health, in other words, of some sort. Now this can be by several means. It can be divided equally amongst all the insurance people and the government: vouchers; tax deductions. All these things can be considered and really considered, not given to a bunch of political individuals, because when you do, then you have to get the.... Well, they placate, shall I say, their own individual areas. The United States is so large, no one area--and this is what we've always maintained, too--is the same.

I remember once when I was on a radio station down South and these men, there were four of them questioning me. And they said, "Why don't doctors go to these outside areas and practice?"

And I said, "Why do you live in the Los Angeles area? Would you go to the Virginia hills where there are no good schools? Sanitation is still a problem. The poor are there. Your children will not be able to go to the schools there. You're going to have to send them away. You'll have no opera, you'll have none of the arts, none of the nice things that come with an urban area or near an urban area. Would you do it?" "Well, that's not really right," say they.

Well, but it's so true. And I have it on tape. No one wants to do it, yet you're the doctor. You should do it because that's your oath. For all these years that medicine's been in America.... My father [Robert Laurence Fenlon] was a physician and took care of even the family dog because there wasn't a vet. And it was for free when they didn't have any money. We were raised that way, your family and mine, I'm sure, that you took care of people who needed it.

MORRIS: That was the tradition, particularly in some ...

FENLON: Absolutely, and it was in the Middle West where I was raised. My grandmother.... I can remember her boiling up the soup and taking it over to a neighbor lady who was ill. Doing all these things. Going over and doing the washing or whatever had to be done. We took care of people.

MORRIS: Maybe we could talk a bit about growing up in the Midwest and how you decided to be a doctor.

FENLON: That goes back so many years. Do you want more than something like that?

MORRIS: It really is very valuable to get a sense of how people's ideas form and particularly, when you were going into medicine, there weren't too many women.

FENLON: Oh no, there weren't very many women. In fact, my father said no, and my mother [Florence Prime Fenlon] said no, and the dean [] said no. So I went [to the University of Iowa] and got a master's degree.

MORRIS: In what?

FENLON: In bacteriology. So I went down to see the head of the department of bacteriology [] and said, "Do you need an assistant?" And he said, "Yes, I could use one." And I had my master's. So I said, "OK, I want to go to medical school part time." And he said, "Well, I don't see why you can't take a few courses."

MORRIS: It was kind of going in through the back door, as it were. Very clever.

FENLON: When the dean found out, he was angry. He was really angry. He called me in and he said, "What do you mean by this?" I said, "My credentials are here." He said, "No, I can't deny that, but how did you get that appointment in bacteriology so you can. . ."

He said, "I'll make it as hard for you as I possibly can. Because I don't think your father, who was one of my classmates, would want you here."

MORRIS: Really? Oh dear. Were there any other women?

FENLON: Five of us started and one of us ended. Oh, but the men were knocked out just as well as the women in those days. If you didn't toe the mark, it was.... Well, it was the male members in my class that really backed me up. It was just great. But the first day when they walked in and saw me in charge of the laboratory class, they said, "What are you doing here?" And I said, "Well, this is the only way I can get to medical school."

MORRIS: So they understood? That's interesting.

FENLON: Isn't that nice?

MORRIS: Yes.

FENLON: And if any professor picked on me.... [Pause]

MORRIS: The other students were happy to have a woman around?

FENLON: Oh, they liked it. And I got to go to all the fraternity parties. I got pledged to one fraternity if I'd live in the house. [Laughter]

MORRIS: That really was ahead of your time.

FENLON: Yes, really. Really! I said, "I'm sure the girls are picking that up now." 'Cause there aren't very many sororities. I think some schools have them now on campus. But I know so little about campus now, although I was back there for many years on the board for Iowa. I just ended my term last year. For the foundation.

MORRIS: Did your father change his mind when you got into medical school and decide that this was something to be proud of?

FENLON: Well, it took him quite a while. But my mother and father had separated when I was just sixteen, so I hadn't seen him for a long

time, but when he became ill, he called me when I was a resident at the university [University of California, San Francisco].

MORRIS: Was he living out here by then?

FENLON: Yes, he was in Boulder, Nevada.

MORRIS: Had you brothers and sisters?

FENLON: Yes. They're all gone now. A brother [] died of pneumonia at thirteen, and a sister [] died of tuberculosis at twenty-four. And then my last sister [] died of a heart.... She had a valve replaced and they didn't realize what kind of a valve it was down there. I couldn't get her to change. She'd lived there so many years that she wouldn't come to the specialist we had available. So we lost her. So that's all. That's the end of that.

MORRIS: So none of them went into medical-related careers.

FENLON: No. She went into teaching and the other two, of course--one had tuberculosis for some time and the other one died at thirteen.

MORRIS: So how did you happen to settle on San Francisco for your residency?

FENLON: Well, that was a good story.

MORRIS: Yes, I thought it might be.

FENLON: Well, you know, when it came time to get internships, the dean called me and he said, "Where are you going to go for an internship?" And I said, "Well, the only place I really want to go is San Francisco, city and county [San Francisco General Hospital]. "Oh! No one goes there. It's only for Stanford [University] and Cal."

Well, that's the way they used to do it. Stanford and Cal usually took three outsiders. And the rest were all from their own schools, because it was close and they could also continue the education which they had, you see. But it was and still is one of the very top internships in the country.

I said, "The other one I'd like to go to, if I can't go there, would be Jefferson Davis [Hospital]." He said, "[Sigh] They'll never take you there." He

¹ Reference is to University of California, San Francisco [UCSF]. The term "Cal" generally denotes the University of California, Berkeley.

said, "How about Women's and Children's [Hospital] in Detroit?" and New York, and he had all these. And I said, "I don't want to go into Women's and Children's, you see. I'd make a terrible pediatrician because I'm too.... I can't see children sick and not have them tell me what symptoms they have. I really can't. Even a dog or an animal, I can't have that."

So he said, "Well," he said, "We'll see." But he said, "Do you have your applications in?" I said, "Yes, I do. And he said, "Well, OK." And that was the end of that.

MORRIS: So did he send you a recommendation?

FENLON: No, no. So I had one very good friend, the chief of internal medicine in the field that I went into, who was just a dear. And he [] always said, "Look, honey, just don't worry about your internship. There'll be plenty of them. Don't worry, you're all right. You just don't take what he gives you."

MORRIS: Can you do that as a fledgling?

FENLON: In those days you could. Now they have a computer work out the people--where they want to go and why and that sort of thing. But in those days, we just had to write. So I wrote here and down to Jefferson Davis and all of a sudden, he called me up again.

He said, "You don't have your internship yet; you haven't heard from California, you haven't heard from Stanford? I said, "No." He said, "Well, I have a very good one now in New York City Women's and Children's [Hospital]."

MORRIS: If a woman must practice medicine, she should work with women and children, was that the thinking?

FENLON: But still she couldn't go into a surgical specialty. So they had to limit their practice; you could be internists, internal medicine, with pediatrics, but no surgery. No one was allowed in surgery. That went on until.... When I was chief resident up at the university in 1942 they took no women in surgical specialties!

So anyway, all of a sudden, he called me in one day. He says, "I have a telegram here from City and County Hospital of San Francisco." Oh, it hurt him because he didn't have anybody else left

.... [Pause]
MORRIS: Nobody else from your medical school had gone to San Francisco?
FENLON: I don't know, but they were turned down evidently, because there was no one else there.
MORRIS: You hadn't had to interview? They just did it on the basis of...
FENLON: Well, on what ...
MORRIS: Papers?
FENLON: -... papers showed, see. The papers were there. I said, "Oh, isn't that great?" Well, you know, I can't help being exuberant when it's nice. I said, "Oh, that's great." Well, then the war broke out. And that was December '41. And so my mother said, "Oh, you can't go! They're going to bomb San Francisco. You can't go."

So anyway, what happened was that I finally did get out here, and it was a great internship because what Cal students had done when they graduated, they decided there was just too much crud work over at the county. They weren't going to take an internship there. So a whole pile of us came in from Pennsylvania. See, this had never happened before. I was from Iowa, there were three schools in Pennsylvania, New Orleans, Louisiana State, Oregon, and Washington. They were from all over that had put in their applications, but because the dean had always told the fellows from Iowa that they'll never talk to anyone from Iowa, they didn't apply.

So I ended up there, and then I was resident, and then they asked me to come to the university as chief resident the third year. So then there I was again. It was just a great training period. It really was. And I got to teach and I've been teaching every year since.

MORRIS: Did the fact that it was wartime and a lot of men were in the service mean that there was more advancement for you?

FENLON: Well, there was more advancement later. More advancement later, but not at that time, because.... It was just that the students didn't want to go to the county, and that's where it got started. I remember

a professor in medicine [] who would ask questions when we made rounds, and he would say.... Well, I knew my bacteriology, of course, and he'd ask me some questions and he heard I was.... He'd say, "What's the name of the bird parasite that causes malaria?" And I said, "Oh, such-and-such." And he said, "That's right."

MORRIS: Was he trying to trip you up?

FENLON: Well, I think he was just trying to check me. But they did it all the time. They'd come in and he'd say, "Why did you diagnose a hypertensive cardiovascular disease on this man?" And I said, "Because he had a hemorrhage at 11:00 and he's [Inaudible]. He's giving an [Inaudible]. Because the pressure wasn't that high." And he didn't think that it had even.... You know, he was just going to check that [Inaudible] report. Sure enough, it was great fun, because I had such a good training. Iowa was a good school. Still is. Did you see where a woman from Iowa is now head of the American College of Obstetrics and Gynecology? It was in last night's.... But you wouldn't get it. Yes, American College of Obstetrics and Gynecology. She graduated in '49 from Iowa.

MORRIS: That's marvelous.

FENLON: Isn't that nice? That's a first.

MORRIS: I've been feeling there was a shortage of women gynecologists.

FENLON: Well, they're coming up now. There's quite a number of them. In fact, I just got another card today in which a group of men are taking in a woman.

MORRIS: That's great. Were there any other women in this group of interns that arrived at San Francisco?

FENLON: Yes, there was one other, and she [] was one from Cal. And they had us up in the isolation unit. It was great fun. Really it was. Because we could have the parties up there, you see, because the isolation nurses, they didn't make them stay in it anymore. See, this had actually been for the chief of pediatrics and isolation, and he and his wife didn't want to live on the county hospital grounds.

So we got the house. And each one of us.... One had the dining room and one had the kitchen. But we could have parties up there, you see, because it was too far from the hospital. So we always had the beer parties for the boys instead. See how much fun it was?

MORRIS: I can believe it. And a very intense kind of a situation.

FENLON: Intense? For three months I never left that campus. On call. Because, you see, so many of them had friends here. And both Stanford and Cal would sign out too many, because you had to leave someone in charge of the floor or you couldn't go. We had twenty- four hour duty, fifty-two weeks a year in those days, at \$10 a month.

MORRIS: That's changed considerably, hasn't it?

FENLON: But it was so great because we were all relatively poor, except for some that came from wealthy families. So we never had.... You couldn't get booze after that very much anyway, so we had beer. And it never harmed anyone. They never had to, you know, put it in the isolation ward.

MORRIS: And then did you plan to stay in California?

FENLON: Well, I didn't until.... I was planning on coming back. As an intern, you had to take your boards [medical certification examinations]. See, I had taken my boards in my basic sciences when I was in Iowa and passed them all, so I didn't have to worry about it. If I stayed in California, I had to take them all over again. Then the chief over there said, "I'd like to have you stay on as my resident next year if you would, please."

And you know, what do you do when the chief that you adore He was the best teacher and professor. He was a wonderful man.

MORRIS: Who was that?

FENLON: Briggs.¹ He was on UC staff, but as a teaching professor. Fine man. Gosh, he was great. I said, "Oh, I'm not going to take those exams

¹ 1. UC San Francisco records for the 1940s, when Dr. Fenlon was a student, do not include a Dr. Briggs. Possibly Dr. Kerr, mentioned below.

again, Dr. Briggs. My gosh, and besides, I'm a loyal Iowan, and after getting free education all those years, I have to go back."

MORRIS: That was very loyal of you.

FENLON: Oh, yes, it was. And he said, "Oh, no," he said, "please stay." "'Cause," he said, "I really need you. Somebody like you has to be around here. And," he said, "on top of it, I'll pay the price for the boards if you'll take them." And he wrote me the cutest letter and sent me the \$25.

So then the chief that used to come over that was chief of the department of medicine, came over and said, "We want you over at the main campus next year. Will you be chief resident?" I went over there. And as I say, the educational experience was delightful.

MORRIS: What's the distinction between the city and county general hospital and then the university hospital?

FENLON: Well, you see, it was a subsidiary for teaching. See, everything was done for free. That's why we only got \$10 a month, and now.... Well, I don't say that, because after all, it's relatively free. What happened after they passed this law [Medi-Cal] was, of course, they made nothing for free because they said they didn't want two levels of care.¹

Well, there wasn't a one of us as interns that didn't say, if we're ever in an accident or were ever very ill, we'd want to go to the county. If you were very, very sick and very, very ill, you had special duty nurses even, because they didn't have special ICUs [intensive care units], CCUs [coronary care units] and things like this. None of that was available. And that's only forty years ago. Just imagine.

MORRIS: And then the university hospital ...

FENLON: University hospital staffed it, see? And sent their teachers over. If we had a very complicated case where we didn't have everything available there, then we would send it back over to the university for further study and things like that. But that was rather rare.

¹ A.B. 5, 1965 Second Ex. Sess., Cal. Stat., ch. 4.

MORRIS: I see. Did you enjoy working at the university hospital more than the ...

FENLON: Oh, yes. I got a chance to work with Chester Keefer. Do you remember Chester Keefer? Yes. So when he came along and offered.... Cause he wanted his wanted his penicillin project. So my chief and I were talking--Dr. [] Kerr--and he said, "Why don't we get a project for subacute bacterial infection?" Because everybody was dying, you know. One of my best friends in college died of subacute. So I said, "Oh, that would be great." He said, "Well, Chester Keefer is going to have some pilot projects to test this penicillin." And he said, "I'll see what we can do." So we got it, and that meant I got a little bit extra salary.

MORRIS: I should think so. During the war, weren't they also doing the first use of blood fractions and plasma? Did you work on things like that?

FENLON: No, it was a little after that. What they had then.... You see, they didn't even have a cure--really a cure--for pneumococcus. We had to use serum and we had to go up to the lab and type serum to go with type one, two, or three, or whatever it happened to be. And this is what the staff previous to ours had complained about, because we had two lab technicians.

MORRIS: For the whole university hospital?

FENLON: For the whole county hospital. And one sometimes at night, but most of the time, after 5:00 they were gone. They had a substitute that came in on Saturdays and Sundays, but only just for something that had to be run. But all the blood counts, urines, and the typings of all the sera and typings for blood matches, cross matches for blood.... But as a consequence, we learned. We learned so much more.

MORRIS: Would you be doing some of the blood typing?

FENLON: Sure, I did blood typing, sure, sure. We had to do all those things. And of course, that was not as refined as it is today, you know. Because since then, we've done all these, we're talking about all

these fancy things. Oh, yes, it's been just great to have all these. Now we can really diagnose things, you know? It's just fun.

MORRIS: Things we never knew existed, it seems like, as a lay person reading the medical news.

FENLON: Yes. You just have no idea. And the dramatic cures: I remember the first night I got a diabetic out there, and he was a real, real sick one. His blood sugars were four plus and his acetone, which is a bad sign, was four plus and I had been taught.... There was a very great man at Iowa at that time, who has subsequently died, but he taught us how to give glucose and insulin together to get the acetone out. So I started the IV [intravenous injection] and calculated insulin and everything.

The visiting staff man on diabetes came the next day and, "What are you doing?"

MORRIS: It was a new technique to him?

FENLON: It was a new technique. Oh, that was great fun. So now, of course, it's used routinely. It was fun, you know. This is what every school lacks if they don't have contacts with other schools and only take their own students. The students that stay in there, you see, don't get an advantage of another school and the newest things that they are just now not even writing up, but doing to see if it works well, after they work with animals.

This gets me off on the other subject of animal use. You have to have animals. And you know, it's just sad that you have to have them, but on the other hand, what would we do if we didn't? You can't experiment on human beings.

MORRIS: That's a whole other question: about prison volunteers and things like that.

FENLON: Of course, they did use them--used to use them--without permission or anything. But now the civil rights, you know, so you can't. Well, so this individual has killed somebody, prove it without a doubt, or three or four. Does he have a right to refuse to help someone that might be living?

MORRIS: If this treatment works.

FENLON: If it works. You see, this is what disturbs us. They have two standards, which isn't right.

MORRIS: With all these kinds of fascinating things going on in medicine, how did you find the time to get involved in the public affairs side of medicine?

FENLON: Oh, that was pretty easy. They'd grab any working individual they could find. They really do, you know. Because of the university attachment, I knew all of them, and then I went into practice and still taught. And right after the war, they needed lots of help, because there were only a few left here that were working hard that were either older or had some sort of a handicap and couldn't [Inaudible].

MORRIS: In the San Francisco Medical Society?

FENLON: No, no, in practice. So then this one friend got a hold of me and said, "Oh, Roberta, you've got to start over at the medical society." I'd been in and out just to get my papers and things, and this medical director for our society was a woman [Olive Knick], and she just thought that was great. Here's one woman here! We've got to have a woman here; we've got to have a woman on this ...

MORRIS: She was the medical director or the executive director?

FENLON: She was the executive director. At the medical society, I should say. She was the one who got me started, primarily.

MORRIS: What was her name?

FENLON: Olive Knick. Does that sound a note?

MORRIS: No, but it's nice to know about her. Had she been there a long time?

FENLON: Oh, she'd have fascinating stories to tell you of what happened in medicine. She was a great medicine booster. She used to warn us about some of the things. She read extensively and she knew past history and philosophy, and she's just a fascinating lady. She's very ill now, but I think you'd enjoy her. She had so much to absorb, because we were the ones that started the conferences between the press and the county medical society; that's before I was president.

This was conferences between the press, hospital, and medical society, so that we could get those three groups primarily together. The press hated the hospitals, because they wouldn't tell them who jumped out the hospital window and they wouldn't give any.... You know what I mean? They hated the doctors because they wouldn't tell them about Mrs. so-and-so, because after all, that's public knowledge. She's a public person.

And we used to have to tell them that betraying confidentiality is the one thing that physicians can not do. I can't tell one woman's husband or husband's wife unless I have permission. Let alone teenage daughter and things like these. These are very touchy, touchy, you see, because malpractice suits are just awful. And that is malpractice, really.

MORRIS: Breaking the confidentiality?

FENLON: Breaking the confidentiality of a patient. You just don't do that.

MORRIS: Did you start these conferences with the press when you were president?

FENLON: Well, we started it in my press relations committee prior to presidency. That was done in.... I took the officers. See, we always worked as a group. And at the press relations, I was on that committee many years. And editor of the bulletin for many years.

MORRIS: Did it take a while to get that idea approved by the council?

FENLON: Nope. Said it was the best thing that could happen. And it was.

MORRIS: How did the press react?

FENLON: Oh, they had a field day. They thought it was great, too. And we used to get the headline writers. Headline writers are something awful. [Laughter]

[End Tape 1, Side A]

[Begin Tape 1, Side B]

FENLON: ... my friend and found what was the gist of it.

MORRIS: This sounds like every press release ought to go with its own headline on it. Maybe it gives the headline writer something to work from?

FENLON: Absolutely. I've done it deliberately, sometime, just for the fun of it. I find that the European press is much more broadminded about it. What's the one I like when I travel? I can't think of it. The *Enquirer*? No, it's not that. But anyway, they do much better at the headline writing and I will read the article and say, "Now that's a good headline." And it's brief. They don't editorialize.

MORRIS: Was it a special, particular medical issue/health issue that you would feature at these conferences?

FENLON: Well, no, each one would bring in their beefs. And so the hospital would, if the hospital had one. Each time one of us would sponsor it, in other words. It would be a dinner meeting. And then if the hospital did it, usually, they would ask one of the others to bring in what problems they had to start the discussion, and then it could go anywhere. Which was very beneficial. Gradually it was done away with. But it was very good at that time. That was before it started to run out. After I went to the state organization, we didn't have very many of them then.

MORRIS: Would this have been something that [Clement] Whitaker [Sr.] and [Leone] Baxter Company would have suggested? I remember in '45'46, didn't the California Medical Association retain Whitaker and Baxter to handle public relations?

FENLON: I don't remember that they did. I don't remember that. I know we had Whitaker and Baxter, and I think it's too bad that we didn't have someone like them all the many years since, because they did alert and they did give good help. The other one that I liked real well was the one that did our polio vaccine. And I just happened to get in touch with her. She's still around and doing her work, God bless her. And I don't know whether you know her or not. Katy [] Doyle Spann?

MORRIS: No.

FENLON: Oh, she's great.

MORRIS: Did she just do medical public relations?

FENLON: She does medical; she did our polio vaccine. I don't know if you were around in the early sixties when we vaccinated everybody at the county medical society.

MORRIS: I do remember that campaign, yes.

FENLON: That was Katy Doyle's. And so she's done a lot of things off and on for us, but unfortunately, we don't charge the dues that can afford to have Katy. Get the idea?

MORRIS: Oh, I see.

FENLON: If I said to my constituency, "You are going to have to pay, this year, \$1,200 for dues," do you know what they'd do to me? I'd be impeached.

MORRIS: But you could do it as a special assessment for a special campaign. Is that how you used to do it?

FENLON: Well, maybe \$100, but never \$1,200.

MORRIS: Twelve hundred for this campaign, or the whole dues would go up to twelve hundred?

FENLON: No, \$1,200 for this campaign.

MORRIS: Per member?

FENLON: Per member. This is for the podiatric society. This is \$1,200--except dues for senior members, which would be \$600--for this program which Katy has brought out for them. This sounds like a real great program, really. Because, as I said, she's super, very good. And I wouldn't say anything about this other than what I'm telling you about other things, because I'm an honorary member for the podiatrists, because I went on their program and gave them programs of care of medical problems of the feet.

MORRIS: It's one of the things that really can slow down your functioning.

FENLON: If you don't have good feet, you're in trouble.

MORRIS: My first clippings on you say that you became president of the San Francisco Medical Society in 1960.

FENLON: Right.

MORRIS: Was that a long process? Were you sponsored by physicians, and groomed, as they're grooming Mrs. [Geraldine] Ferraro to be vice president?

FENLON: Oh, no. You don't.... No. Really, the society is pretty democratic about.... Medicine's always been democratic, I think. That's probably why our little friend from down south is ACOG [American College of Obstetrics and Gynecology] president. They usually take one.... First, you see, you kind of go through some chairs, like I was editor, secretary, and then vice president. And unfortunately, the year that I was elected as vice president, the president [] became quite ill. His wife was ill and he became ill. And so then I had it for a year and a half which made it a little longer. So they had much more of Fenlon than they needed.

MORRIS: Than they bargained for.

FENLON: But anyway, it was very interesting times, naturally, because of all these things that were happening in Washington in the legislation for Medicare¹ and Medical and how we were going to respond. But the most important, I think, was through the effort, then they elected me a counselor. And I became a counselor ...

MORRIS: To the state?

FENLON: To the state organization, which is what they usually do. I'd been a delegate and an alternate several years before. I think I started in the fifties, if I remember correctly. And then, you see, coming back and reporting council things to the local chapter while we kept on the executive committee.

MORRIS: How did the San Francisco society happen to send people to Washington to testify on the bill?

FENLON: Oh, well, what we did was.... We have a committee system like most organizations do--commission and committee. And the commission on federal legislation is the one that usually goes along with the president-elect and a counselor, if it isn't one of those that already is a counselor. Most of those that are active are counselors as well as committee chairmen, so I think that's the way. It just evolves and then you get elected as an editor. Because if you can stand that job, then I guess ...

¹ Social Security Act (amendments) 79 Stat. 290 (1965).

MORRIS: It certainly puts you in touch with everything that was going on in the organization. Before we turned on the tape, you were mentioning meeting with [Secretary, U.S. Department of Health, Education and Welfare] Wilber Cohen when the Medicare legislation ...

FENLON: Yes, when they met.... You see, I was chairman of the physician's committee. They had a physician's advisory committee of all kinds of people that were interested, not only physicians but hospital administrators and all those. But because of the complications of the bill ... [Coughs] Excuse me, all of a sudden I've got an allergy. I think I'll have to take a pill.

[Interruption]

FENLON: We had two advisory boards and we had the commissions and committees, the subcommittees. It was at the boards in which the overall program had to be passed, you see. Reasonable fees. How do you handle those patients that are in a hospital and they have bills from their own physician and also the physicians that are permanently on the staff of the hospital like the roentgenologist and all these? It's amazing the number of complications that arise when you try to put in some insurance sort of thing like this.

Well, we had quite a little bit of contact with it because back in the late thirties, the California Medical Association decided that they would take a chance, which they often did in the past, and prove that medical insurance was a livable and viable program for the United States.

So they formed California Blue Shield. California Physicians' Service was the first name. This was subsequently changed about ten or fifteen years ago to Blue Shield because it was too complicated. It became too complicated for us to handle after this big government program came in. Before that, it had been run entirely.... And we took low cost care of people who could not afford to go to doctors.

See, this is the thing that always irritates us. When we see all these mean, mean things that people say, it's really awfully discouraging. It makes you not want to do anything. You can believe it, because here we were talking.... When I started out in practice in '45, I was getting \$2.50 for some patients.

MORRIS: This from CPS [California Physicians' Service]?

FENLON: From CPS. While the regular patient was paying \$3.50, \$4.50, or \$5.00, whatever was wrong with him. But the minimum fee was all we were allowed to charge some of these patients, because they didn't have any money. As soon as they could prove that they didn't, that's all there was to it. We took care of them. All they had to do was walk in and say so. And besides that, we took care of all the patients that we liked particularly that couldn't afford to pay.

Doctors always did that. I remember my father.... Doesn't matter whether you have \$2.00 to put on the table.

MORRIS: When California Physicians' Service started, it wasn't just a straight health and medical insurance organization?

FENLON: No. It was started, as I say, to prove that insurance could.... Anybody could belong. I don't think I have anything on it, but I'll tell you where we can get it from: the original build-up for Blue Shield or California Physicians' Service is at the CMA. And that's where I used to get my information, was CMA. So you could ask them for what their original premise was, as far as outlining it for the state and so forth.

But this is when insurance really first started for anyone to have anywhere, because the insurance companies wouldn't touch it. So finally then, they saw, oh, it worked. It worked, and very well.

MORRIS: And Governor [Culbert] Olson and Governor [Earl] Warren seemed to think that it was a promising idea, too.

FENLON: Right. And it was. And actually postponed their own thoughts of a government program, which was very good. Because then, you see, we thought that all the insurance companies.... Which gradually

they did, all the important insurance companies went into health insurance then as well as the other customary things they had.

And it really worked out, so that when Wilbur Cohen said, "Well, I don't know whom I'm going to choose for the intermediaries." He said, "I will have to take some Blues even though I don't want to." Because, you see, he didn't want to add to He's a very unusual man and a very nice and very fine man, but not understanding, in my opinion, of the real problems that could occur with this program. He couldn't visualize that doctors really gave of their time, and all you have to sell as a doctor is your time.

MORRIS: In those discussions, did the medical advisory committee or Secretary Cohen or his actuary, did they have any kind of projections to you as to what the utilization was going to be for Medicare?

FENLON: That's a good question, because Medicare was the only thing, really, that we talked about. Medi-Cal was hidden, but every time you'd ask about it, "Oh, that's another program. We're not going to even go into that now. That's another program."

MORRIS: Health care for poor people, what became the Medicaid program, was not talked about?

FENLON: But everybody has to have the same care. And this is what Medicare is. That's way back. Every one of our old things from way back, many of the files I have. The most important thing is the quality of care, and availability to everyone.

And we've always said this. If they don't have the money, in the old days they were taken care of at the county hospitals by doctors who were perfectly reputable and capable physicians, interns and residents, free. Can't call \$10 a month a big salary, that's for sure. So this was a complete enigma, really, as to what this really meant to all of us, although we would foresee that when the money was exhausted, then there would be a great flurry because there would be so many people that would want it. And the over-65s were increasing in numbers even then, and the poor in large county hospitals received very good care.

MORRIS: And the way the federal government was talking, they were going to put only so much money into it per year. And it wasn't an entitlement program. When they ran out of money, that was going to be it for the year?

FENLON: What they were thinking I don't know. I certainly, in my own mind, didn't realize that they would include in this program all of these people potentially that had no relationship to aging. A fellow riding a bicycle--age 18--he gets hit and is an invalid the rest of his life. And he's on Medicare and Medi-Cal, not work-related.

MORRIS: Well, there had been pre-existing medical assistance programs, hadn't there?

FENLON: Yes, they were very small, but they were improved and extended from previous programs. I don't know of anything of significance. Maybe I've missed them someplace along the line or don't remember them, but I can't think of any of any significance. The only thing that they did have, I think, was.... Well, they really weren't based on that. What we had was state compensation.

MORRIS: Worker's compensation?

FENLON: Yes, worker's compensation. We had that, but that wasn't the same sort of program, because they usually paid, oh within reason, like a basic fee; even though it might not be the usual and customary [fee], it was still a basic something that you got for seeing those patients in compensation.

MORRIS: One of the press clippings I came across listed a Robert Thomas as the executive director of CMA. Now was he before or during ...

FENLON: No, he was there during the time I was there. He came on after we had lost our first one due to illness and Bob was there all the time that I was president.

MORRIS: And was his function different than Olive Knick's?

FENLON: Olive Knick was for the county medical society, but Bob was for the state, CMA, and that was a similar position. Being executive director, he would get all the information on what was going on, and he would divert it out to us. A lot of these things that were sent out

to us were signed by Bob Thomas. "Here's a copy of something that," he'd say, "is from such-and-such a review" or "This is from [] Mike Todd," or whoever it happened to be. He supervised overall and the staff and all their duties, which were to attend certain meetings and commissions and committee meetings.

MORRIS: Would he have gone along on these expeditions to Washington to talk?

FENLON: Usually. Because of the resource material.

MORRIS: So it was kind of a joint group of you from the San Francisco Medical Society and the CMA that testified?

FENLON: Right. It was. And as I say, usually the present president-elect and Bob Thomas and/or [] Mike Goldman, who was the head of government relations commission as a staff member. Sometimes it would be Mike instead of Bob. Mike Goldman is still at the CMA--a very, very fine person.

MORRIS: There used to be a man named Ben [H.] Read who ...

FENLON: Oh! Ben Read, my old love. Now there's where I really got interested in the politics of things because Ben got me interested in the Public Health League. We still have a Public Health League doing various things. Ben.... Yes, he was a gentleman of the first order. A first-order gentleman. He got along with the legislators, and he got along with their help, and he got along with the health professions, and he did the whole job that now takes hospitals, every specialty-physicians in every specialty--you know, nurses. We had nurses in the Public Health League; we had hospital administrators; we had pharmacists and nursing home people.

MORRIS: Was Ben Read a physician himself?

FENLON: No. He was not. He was just a fine man who was interested in health and people.

MORRIS: And is he still active?

FENLON: No. Ben died about six or seven years ago. Oh my, more than that. Ten, maybe twelve years ago.

The Public Health League was one of the organizations, and the dues weren't too awfully high, either. It was pretty reasonable. When I first started into medical society things, Olive Knick said, "You should belong to the Public Health League because Ben Read's such a fine person. He is the one that knows when the legislature is meeting, what they're doing, and why they're doing it. He's up there all the time."

And so then I got interested and I was secretary of the Public Health League.

MORRIS: Were you?

FENLON: Yes, it was really a very fine organization just because Ben was such a fine person.

MORRIS: Was it kind of the lobbying arm of the medical association?

FENLON: Yes. Lobbying now has changed from what Ben's lobbying was. Ben was not one that went in and twisted an arm. He explained to you what the principles were and why this was or was not a good bill. In other words, I think part of his ranking up in Sacramento was due to the fact that Ben's personality was never abrasive, never implying that there was any threat or anything. This is just what a good law should have. And I think that's where his strength was.

As a consequence, all the legislative people admired him. Because he didn't do any of this or he didn't say, "We'll give you...." See, we didn't give money to people in those days.

MORRIS: The political action committees [PACs] hadn't been formed?

FENLON: When they got the political action committees is when Ben quit.

MORRIS: Really? Because of the political action committee?

FENLON: I don't know, or whether he just said, "I'm too old and I'm not going to do it anymore," or maybe he said, "Well, maybe this is it." I never asked Ben why he did. He was old enough to retire, that's for sure. But he would have done anything he could have to have helped anyone. And he said, "If you ever need me for help," this he did say, "I'll be glad to step in and help if I can." But he didn't want to get involved with PACs.

MORRIS: And now each of those medical-related issues ...

FENLON: Each and all of those medical branches has a lobbyist. The nurses have lobbyists, and not just one, they usually have a big staff, you know. It's so expensive for these people. And I think it's wrong. I don't know. I don't believe in lobby groups and I don't belong to them. I just don't.

MORRIS: I was reading something the other day that said that the medical association is one of the top four contributors to political campaigns in California.

FENLON: Sure. Because they give money right and left, but what does it net them?

MORRIS: Is this something that is debated within medical meetings?

FENLON: Oh sure, sure. Does it really pay to have them? And the consensus of the majority is that it does. But you're limited on how much you can give. And if the other fellow wins, is he going to be an enemy or will he become a friend anyway? Or do you give to two?

MORRIS: Or do you give to two. That's an interesting decision. Besides Ben Read, who were the people that you really looked to for advice and who were the people you really thought of as important?

FENLON: Oh, there were so many, that I just couldn't name all the people that have helped me. Everyone has helped me. Everybody has helped me: the Medical Women's Association, they were just great. They were just 100 percent. And it just was everywhere. The Women's Auxiliary.

MORRIS: That's wives of physicians? Husbands of physicians?

FENLON: Now we have to say spouses.

MORRIS: Besides the Medicare legislation, were there other things that you were involved in that carried over from the San Francisco Society to the California Medical Association that you were particularly ...

FENLON: From the San Francisco Medical? Well, all of it, actually. You see, usually what happens is that you bring an issue up from your local organization to the CMA and you have resolutions brought in from all of them and all the constituents. And then you discuss them at

your annual meeting so that you get a chance to discuss them out loud.

Mostly in the last few years, obviously, the discussion has been the Medicare/ Medi-Cal program because this is the one that's concerning most of our patients. And because there has been such a dire prognosis for what the future is going to be, and it scares people to death that they're going to lose their insurance.

Nowadays, when you go in a hospital and it costs you anywhere from \$860 to \$1,000 for an ICU bed for a night--an Intensive Care Unit bed--just a day, how long can you stay?

MORRIS: It's sort of unreal.

FENLON: It is unreal and it has escalated out of proportion for many reasons. And this is hard to tell people; that it has escalated out of reason. One of the main reasons is the Medicare bill itself, the Medicare rules and regulations that they started and what they took on as an addition to their original premise. The liberalization with welfare is one of the main reasons.

MORRIS: That's the amendment that provided for ...

FENLON: Medi-Cal. Very, very bad. And we were warned. We were told then that we would forget about Medicare when this came out. And they were so right. Because they said this is the one that's really going to cut across the states and individual counties and so forth. And as you remember, the original bill did say that they would have to take care In the beginning, the federal government would pay the majority of the cost, then gradually, through a ten-year period, it would be then up to the states and local areas to take care of their own cost.

It never has occurred because it can't. Because it's too extreme. And the mere presence of the fact that you have to give care to anybody whether he's been here one day or fifty years. And California is no exception. In fact, it is one of the border states which ...

[End Tape 1, Side B]

[Begin Tape 2, Side A]

MORRIS: ... a state program under Medicaid. You and who sat in on discussion of the legislation?

FENLON: That's with the council. And we said, "OK, it's here." In fact, what did we say?

MORRIS: Who called up from Sacramento?

FENLON: Well, anyway, we had that bill all ready to go. Here we go. This is one of the copies of this federal legislation that's Title Five.¹ That's the bill that we were working on when I was flying back and forth from Washington. I had to come back for Blue Shield meetings and for.... See, some of my stuff is from Blue Shield and some of it's from the other. But you see how it says there is those are the basics of the legislation, which are almost identical to what the Medicare bill was. Because we said, All right, we have to work with it."

MORRIS: Who from the Blue Shield sat in on these discussions?

FENLON: Well, see, I was on Blue Shield board and I was on the CMA board. And there were two others and I'm trying to think.... Oh, Marv Shapiro from down south; Marvin Shapiro, a radiologist, was on most of the time. And oh, Carl Anderson from Santa Rosa was a chairman and so was Marv during part of these times. Carl was also chairman of the council of CMA, as well as later on being chairman of Blue Shield. Those are the main ones.

MORRIS: And who from the legislative side?

FENLON: From the legislative side? Oh, well, [Governor Ronald] Reagan came in, you see. One reason we had so many problems, I can tell you very honestly, was not Mr. Reagan per se; it was the man he put in charge of the Medicare and Medi-Cal program.

MORRIS: Was that Caryl Mulder or was that Earl Brian, [Jr.]?

FENLON: Earl Brian. A baby. Really, he just wasn't old enough or experienced enough. He was just out of an internship. And you

¹ Social Security Act, 81 Stat., 821-935 (1968)

know, you don't know how to practice medicine if you just go through an internship.

MORRIS: And he'd spent two years in Vietnam.

FENLON: Yes, he did, because my friends were telling me about him. He was in Vietnam. But anyway, he was the one that we had to work with. Reagan was most cordial, coming always out to meet us and say, "Welcome," and, "If there's anything else that I can get for you, why I'm sure Earl Brian will do it for you."

He just didn't know beans grew straight up! How could he?

MORRIS: Well, he was bound and determined that he was going to help solve the problem of the cost overruns.

FENLON: But you see, what were the cost overruns? Why do you think we sued him? Why do you think my name was on that suit?¹

MORRIS: I don't know. That's what I came to find out.

FENLON: Because it was awful. He didn't even.... He was dishonest. And they proved it.

MORRIS: Really? Oh, dear.

FENLON: Oh, yes. He said there was a loss of so much. Oh, I've got all kinds of stuff on that for you. Here's the suit. I left some of this; I didn't know whether you'd want any of it or not.

MORRIS: I certainly do.

FENLON: OK, here it is. This is 1972. This is where we appealed it.² They appealed it after we won, and there's another letter that came afterwards.³ And the final one when it went to the [California] supreme court.⁴ Would you believe it?

¹ *California Medical Association; Ralph W. Burnett, M.D.; Roberta Fenlon, M.D. vs. Earl W. Brian, M.D.*, Sacramento Superior Court, #208390, January 13, 1971. Complaint for preliminary injunction.

² *California Medical Association vs. Earl Brian, M.D.*, Third Appellate District of California, 3 Civil 13413, June 14, 1972. Upheld February 20, 1973.

³ David E. Willett to Jean G. Crum, M.D., president CMA, February 23, 1973 re appeals court ruling against the Department of Health Care Services appeal of June 1971 superior court decision.

⁴ *CMA, Olga O'Reilly, California Dental Association, et al. vs. Earl Brian, M.D.* 30 Cal. App. 3d 637 (1973).

MORRIS: There's Mr. Howard Hassard; he's a name I've heard before in connection with health insurance legislation in the 1940s.

FENLON: Oh, yes, he's always our man right in there. Here's the original one.

MORRIS: Was Hassard, Bonnington, Rogers & Huber the law firm for the CMA?

FENLON: Well, that suit was the one that did it for us. There's the original one. Then others joined us.

MORRIS: But he was the firm that the CMA retained normally?

FENLON: Yes. He was the law firm that we'd had for years. Even our county medical office.

MORRIS: "Restrictions and prohibitions denying Medi-Cal patients necessary and adequate medical care and requiring physicians to render care below acceptable standards of good medical practice."¹

FENLON: And as I said, finally it went to the supreme court in '74 and was finally decided.

MORRIS: And how was it finally decided?

FENLON: That Earl Brian left to seek a legislative job in Washington six months after that and was defeated, which he deserved.² [Laughter] And they have all the proofs and all the findings. And the newspapers even picked it up and said, "This is unreasonable."

MORRIS: That the departments' statistics on utilization were wrong?

FENLON: Oh, they just.... It was terrible. Here is a copy of Judge [William M.] Gallagher's decision.³ That came with a note of thanks from Dave [Willett]. He was such a dear. Dave is a wonderful fellow to work with. Judge Gallagher went down every list of things and said, "This is what happened, this is what happened." He had a great time. He said, "Terrible!"

And so then the state appealed in November '72, and of course, Earl was gone by that time. He left in late '71, I think.

¹ *CMA vs. Earl Brian, M.D.*, January 13, 1971, section I.

² Brian ran for U.S. Senate in the 1972 primary.

³ *CMA, O'Reilly et al.*, Findings and Conclusions, and Final Judgment, July 1, 1971.

MORRIS: Well, he changed jobs. He was director of Health Care Services and then Reagan appointed him secretary of the Health and Welfare Agency.

FENLON: Yes, we got him out of it.

MORRIS: ... in that administrative structure, where he was in charge of the revision of the Medi-Cal legislation in 1971.¹ So these things seem to have been going on.

FENLON: Well, we filed in February '71, I think.

MORRIS: OK, January of '71. Here we go.

FENLON: Is that it?

MORRIS: There is a letter January '71 to Mr. Thomas at the medical association. "Enclosed is a copy of the state's answer to our complaint, *CMA v. Earl Brian, et al.*" So in Sacramento, Brian went right ahead with legislation.

FENLON: Well, as soon as it came out from Judge Gallagher's decision that the figures that Earl Brian had given were inaccurate and misleading and.... What else did Judge Gallagher say there? Oh, he had some nasty terms. But you see what they [state government] did was to curtail, and some of these cases were just sad. We had them all documented. And on the ultimate petition, the one patient's name was added as well as several others. Let me see if that's on those. If you don't have one of those, you should have.

MORRIS: Olga O'Reilly?

FENLON: Yes.

MORRIS: "Intervened on behalf of all Medi-Cal recipients in the state."

FENLON: Right, all Medi-Cal recipients. And then the other one was.... There should be one there that has the associations that were with us. Here we go, here we go.

MORRIS: The dental association joined you.

FENLON: Dental association and the intervener's respondents, which is a bunch of individuals that joined us then, various ones.

¹ A.B. 949, 1971 Reg. Sess., Cal. Stat., ch. 577.

MORRIS: Were there people from the medical association who were in working contact with people in the Office of Health Care Services?

FENLON: Oh sure, we had a lot of them up there then, you see, because we had started the other system of contacting legislators and so forth. So we had a lot of advisory people up there.

MORRIS: As early as '67 and '68, there were reports from Sacramento about the Medi-Cal program running over budget.¹ Did the governor's office ask for any help from the medical association on what was going on?

FENLON: Yes, they asked for help, but it wasn't anything that we could help on, because it wasn't concerning.... See, the thing that it was concerning.... What was your date there?

MORRIS: Within a year of the program's being established: '68.

FENLON: This is the one that we sent out, and when he also answered. This was the draft that went to Reagan. And here were some of our answers. Here. This is that general statement that always it should be this. These are the things that we had reiterated and reiterated, and we sent Reagan it again. But there it is.

MORRIS: So were there any people in Sacramento who were looking for advice as to how costs might be contained?

FENLON: Most of it was just general from a committee or specific legislators. And here was some of the stuff that we put down as we thought about it.² We had [] Garrick, a hired person, for some of that. Here's some other stuff with my own notes that the remainder of the deficit could be offset.³ In other words, the differences between extended and custodial care.

See, custodial care is one individual in which there's nothing more that can be done with them. All they can do is just take care of them and keep them clean and so forth.

¹ "Fun and Games and Medi-Cal Financing," *San Francisco Chronicle*, February 28, 1968.

² Tentative [sic] draft, California Medical Association Statement of Principle on Medi-Cal Program, November 4, 1967.

³ Earlier draft of Statement of Principle, n.d.

MORRIS: They can't get better.

FENLON: They can't get better. So if we eliminated the custodial care cases, this would take them out of the medical field. They are not getting any medical care.

MORRIS: And put it over into welfare?

FENLON: Welfare. See, that's what we talked about in Washington, but it wouldn't work. They said, "Oh, no, you've got to take care of these people regardless of how they got into this sort of situation."

But our premise was, if our money goes there, what are we going to do with acute-care individuals that we must take care of, because there's a possibility that he or she may improve? And this is where we belong. Not with someone that's not able to have anything medically done for them anymore, except for an acute emergency in which they can then take them into the hospital and have acute care. If they develop acute pneumonia, then they should be back on the program. But otherwise, not.

MORRIS: This had been one of the big arguments in the beginning, hadn't it, whether Medi-Cal should be . . .

FENLON: Way back.

MORRIS: ... whether this should be administered by a health department or a social welfare department?

FENLON: There's no reason why, because they're doing it now, that it couldn't have been done way, way, way back. If your patient.... When you take an acute pneumonia with a stroke into a hospital, and you find out with the acute pneumonia that you can cure him, he gets better and all this. Then you find he's going to have to have rehabilitation and it probably won't do anything, but he should have the benefit of it. So then you take him to an extended care facility which will then work on him with rehabilitation. In six weeks, if no better, then he should go to care that is not going to give him any more but take care of his needs.

So all you do is transfer him over. If he has to go to the hospital again, for development of diabetes or whatever it is, then

back in he goes into the acute care. Which is only just transferring from one place to another, just like you would transfer insurance or you would transfer a bed.

MORRIS: There's a logic to that, and then you listen to the other conversations about, particularly with older people, their sense of disorientation when they are moved back and forth from place to place.

FENLON: Well, but you see, it wouldn't matter, because they're going to be disoriented anyway; because you can't take them from the bed that they're in and take them out to the dining room without them saying, 'Oh, where am I now?' And that's the dining room they've been eating in for six years.

See, these are things that you see only as medical people, really, and good nurses that observe it. The nurses are red hot, usually. They are really excellent.

MORRIS: Dr. [Lester] Breslow, who was head of the Department of Public Health...

FENLON: Yes, I've been on committees with him.

MORRIS: He apparently had some fairly strong views about how we should provide the best care for everybody.

FENLON: Absolutely, we should. But when it's going to interfere with the acute care of an individual that is going to respond, as opposed to one that is not, who should have the preference?

MORRIS: I guess there was concern from people like Dr. Breslow that nursing homes were already causing some concern about the quality of care.

FENLON: I know. I was on his committee. And we went round and round about it. I was on the state committee. And I said, "Look what's going to happen if you do all this." I said, "We're going to run into problems, because there won't be enough money." Obviously there wasn't enough money. So what do you do? Keep on the way you are? Go into debt?

MORRIS: So from the CMA point of view, there was a need to do something?

FENLON: Oh, yes. This is what we were trying to do. Well, this is a committee meeting in which we had Malcolm Todd, [Marvin] Marv Shapiro--

you wouldn't know them--[William] Bill Whalen, [Joseph] Joe Boyle, who is now president of the AMA, [John] Jack Sadie.¹

MORRIS: Several of those names are people who were president of the CMA.

FENLON: Here's good old Ben Read. They were all there together on November 3, 1967. And so he says, "What do you expect a governor to do or a legislator to do?"

MORRIS: It was a Republican governor, Democratic legislature. They're going to be at odds whatever the situation?

FENLON: That's what Ben told us. But he had to remind us again, you see, even though he was going to go out....

But anyway, let's see what else. [Reading from her handwritten notes of the meeting] "Ask for return of all necessary services. Restoration of needed dental care, and hospital stay evaluated." This should be more than ...

MORRIS: This sounds like when Mr. Reagan was first in office. He did a consultant study and ...

FENLON: Yes, and he asked us what we thought. Oh, this is the one I was starting with; here we go. "Statement of policy adopted August 7, 1967, by the CMA Council," which is the same one that we still supported. "Please clarify the status of Medi-Cal and consider it immediately, by the fall." This is the state administration. "Number one. Independent actuaries have reported (not demonstrated) the stated deficit of \$210 million was overestimated by at least \$62 [million]. The potential deficit should then be \$148 million. Fifty million of this represents, in part, [text read `past'] non-recurring debts which should not be a part of an annual operating budget and for which the administration should seek legislation relief."² This was redoing the things we had said before.

¹ Dr. Fenlon here picked up a California Medical Association notice, October 24, 1967, to members of ad hoc committee to review the Medi-Cal program and make recommendations of a meeting on November 3, 1967, and draft statements cited above.

² These quotes are from Dr. Fenlon's annotated draft cited above.

"If these are excluded, the potential deficit will become \$98,000 [sic]." And the largest item in the budget is \$150 million for nursing home care. That's the largest one--for nursing home care. CMA estimated "\$100 million, at least, of these costs are expended for custodial type care and should not properly be charged to the Medi-Cal program. Routine custodial care should not be under medical care but taken care of by other means." We didn't even care what way they did it, any ol' way.

"CMA recommends to provide for a quality health care program, that Medi-Cal should be restored to the comprehensive dimension it had prior to September 1, 1967." Now, let's see: Consider, combine. "The medical aspects of the basic law, A.B. 5, do provide for the principles of sound medical [health] care with proper accounting procedure administration and need not exceed the original budget estimates." If an accounting was done correctly.

"Medi-Cal patients can receive the same quality service as available to and received by the public at large through exercise of free choice of physician and facility.

"Deductibles and co-insurance, when appropriate, should be used to assure the best use of public funds to avoid abuse and overutilization." Now, they did come out at one time with one dollar deductible for every office visit.

MORRIS: Yes.

FENLON: Can you see our office collecting a dollar from each patient that came in here that was on Medi-Cal?

MORRIS: I've wondered about that.

FENLON: Well, it's absolutely impractical. There's just no way you can do it. No way. So, "the present criteria and mechanism of verifying patient eligibility is unsatisfactory. Eligibility--this problem must be corrected" now. This is a real problem--of eligibility.

When you were eligible, and when it ceases. We never know. Sometimes you then found a job and will still qualify, for months afterward, and still get it. Well, you read in the paper about some of

these individuals whose mothers died five years before and they've been collecting these security checks ever since. How many of those go on?

So you see, it's not the fault of physicians; it's not the fault of the lay people; it's not the fault of the poor patient.

MORRIS: It's just the way human beings' lives change?

FENLON: Now that they have computers for all this, there's no reason why they can't keep track of these things.

MORRIS: Well, we're talking now about twenty years ago. Was part of the problem that computer systems were just beginning to be capable of dealing with these kinds of numbers?

FENLON: Yes. "Additional authority should be given to (professional) providers of professional care to monitor utilization patterns and unusual practices." This is PFR, professional review. In other words, there should be physicians and allied health fields reviewing either some of the charts or occasionally charts or doing, you know, some review.

MORRIS: This relates to some of the questions about some doctors having excessive Medi-Cal claims?

FENLON: PFRO. And don't think there aren't abuses. We have to admit it. Just like there are crooks in government, there are crooks in school teachers that don't do their jobs, and there are all kinds of them. We have them, too.

MORRIS: Was any kind of monitoring set up by the medical profession?

FENLON: Oh, yes. Of course, we'd always had.... It's very interesting that most of the people didn't even know that we had utilization review long.... We had it even when I was at the county. Every pathological specimen had to be gone over.

MORRIS: By two people?

FENLON: Oh, yes. A pathologist, a surgeon, and the internist--the diagnostician. Oh, sure, we had it long ago. I can remember sitting with those charts. This had always been present; but it was greatly enhanced then, because they had to take in more than just whether it

was surgery that was qualified and taken care of properly. Then we had review committees [at the county hospital]. In other words, there was the cancer committee that reviewed all the cancer cases and the diagnosis.

The only thing that wasn't reviewed was the length of stay. But the average person doesn't want to stay in a hospital any longer than he has to. So we're dealing with a miniscule number of people who'd be taking advantage of a hospital rest.

Oh, I've had some patients ask me if they. . . . "I need a rest, why don't you send me to the hospital?" I said, "For Pete's sake, it's cheaper to go over to the St. Francis [Hotel] over here and stay there for a week." Well, it is!

MORRIS: What poor soul got to be on the committee on utilization review?

FENLON: [Laughter] Oh, that was a penalty, always. And they would only take it for one month or two months, because, you know, it is tough to go through those things. It's just like writing up summaries of cases and things like that. But what we do, usually, is rotate them, in most hospitals.

MORRIS: But how about within the medical association or on utilization review of Medi-Cal?

FENLON: Oh, yes. This is what the state CMA is now applying for, that dubious honor of being the one for the PPOs [prepaid option], which is another interesting subject that we're not even going to get to. The PPOs...

MORRIS: Is that prepaid plans?

FENLON: We had those, you know, way back in Reagan's day, too.

MORRIS: Right. In '72, I think they were instituted.

FENLON: And you remember what happened?

MORRIS: I remember it was controversial.

FENLON: Controversial! They caught them crooked, and all the enterprising individuals in the world got into it. It was fascinating. And finally Reagan came to us and said, "What are we going to do with these crooked organizations?" And we said, "Well, you're the one that set

them up. We didn't. You asked us and didn't pay any attention to US.

MORRIS: But did you help?

FENLON: Oh, yes. We did. Oh, criminy! That's all we did was have study committees to do things. Yes, I've got an outline for that, too. But anyway, finally we got them straightened out by just.... The government had to just close them down, in many instances, and some of them went broke and some of the people lost money and some of the patients lost their insurance, because they'd gone into it with good faith.

But the PPO is a prepaid option. And it can be presented by an organization, an insurance company, or it can be.... And it's mostly insurance companies. They like to do it because they think that they're better individuals to do it than others, but it's also coming into use by the entrepreneurs again. And there are a lot of these starting up in southern California--seems to be the one that really gets most of them. Although we have a few up here, too.

It's a prepaid plan in which the doctors and all the providers get a certain paid sum for each patient and know how much it's going to be. They will take care of a certain group of patients that might be for, say, Bank of America. And they would put them all on a plan and they'd say, "You can go to one hospital, two hospitals, three hospitals. These are the ones that will take our plan at 80 percent of the current reasonable and customary fee."

Wait to see what's going to happen, but anytime they've started any of these HMOs [Health Maintenance Organizations].... Let me see, HMOs, PPOs, PROs, all those things are all the same basic, fundamental, prepaid insurance. Now the only one that's ever been successful has been Kaiser [Permanente Medical Group]. Now what are the reasons Kaiser's been successful?

MORRIS: It has a fixed group of physicians and a fixed group of patients.

FENLON: You go to the head of the class. I can't ask more of anyone what that really means, you know.

MORRIS: If Kaiser's been successful, why hasn't that been duplicated?

FENLON: Because they don't take any oldsters or anybody with pre-diagnosed illness. See, they can choose whomever they want. They get the young people primarily, and they don't take the old ones, because the old ones don't have a group to belong to.

MORRIS: But if you've been a member of a group that's covered by Kaiser, you can continue on, can't you, as a retiree?

FENLON: Yes, but how many would that be? Because they get on Medicare then.

MORRIS: That's true, yes.

[End Tape 2, Side A]

[Begin Tape 2, Side B]

MORRIS: With all these programs coming up that were similar, we still have the matter of a national health insurance program. And I see that you testified before Senator [Edward] Ted Kennedy's committee on a national health care plan. And, also that when you were president of the medical association you took a position advocating health insurance for all.¹ How did the CMA's ideas differ from what the senator was interested in?

FENLON: Simply said, Senator Kennedy didn't know what he was talking about. That's true. I sat there. And that was taped, too. I wouldn't believe that anybody would be so rude, not only to the patients that showed up, but he almost got booed out of that ...

MORRIS: Mr. Kennedy himself?

FENLON: Yes. The hearing at the university was sad. Oh, people just said.... Oh, he was rude, and I'm ordinarily not rude, but I said, "Senator Kennedy, you were not listening."

¹ Agenda, California Medical Association executive committee meeting, August 31, 1970.

And he said, "Well, now we'll go on to the next level and blah, blah, blah."

MORRIS: Really!

FENLON: Just terrible. So don't mention that Senator Kennedy to me. Oof, he's terrible.

MORRIS: What was the medical association proposal?

FENLON: The medical association proposal: what we had said, I think I mentioned earlier to you, was that in general we wanted everybody to have some sort of insurance. How this is paid for depends upon the needs of the individual.

Most importantly, it either should be tax deductible, if these individuals are going to pay for it; it should be available everywhere, so that they wouldn't have to take.... You know, because Texas has this one and it doesn't correspond. It should be a mutually written policy.

MORRIS: Portable?

FENLON: A portable one. And it should have a catastrophic element in it. Now the major cause.... Now, this is interesting: I advise my patients not necessarily to get health insurance now. You see, I'm changing my mind always. Catastrophic is the one thing you want and it's the cheapest to buy. But it can kill a family. Absolutely wipe them out with one catastrophic illness. If they were all insured to whatever the medium that they could have--if you'd insure yourself for say, five--and just say, "I can pay you for all [medical bills] of under five thousand [dollars] here, but I sure don't want to pay for that fifty, sixty, seventy, eighty thousand [dollar illness]."

MORRIS: It's kind of what the government has done with nuclear disaster insurance. The federal government has picked up the catastrophe, the override insurance. Was that ever discussed, that the government would carry the major part of it?

FENLON: No, never been discussed. They won't discuss it.

MORRIS: That's interesting. This debate has been going on since 1944, hasn't it? Sounds like the medical profession has changed its view.

FENLON: Yes. Now this is mine, because, you see, I'm not active any more, not as active, actually, not any, because I've had two [Inaudible] to deal with. [Inaudible] are really important now to me that I can't keep up, and I think it should have new thoughts in it. But every so often, I jot them a note.

MORRIS: Good for you.

FENLON: Oh, yes. I just told them what I thought about, oh, certain things, because if I don't, I'm neglecting my duty too, as a residual who knows all these things. And they've heard that.

MORRIS: If you could take a few minutes, we could talk about some of these other things that were going on when you were very active in the medical association. There was an interagency council on drug abuse that was a result of some of Governor Reagan's people's ...

FENLON: I think Reagan had great ideas, and his speech that you copied¹ I was there because I was the president.

MORRIS: I thought you might have been.

FENLON: And, in fact, [] Jack Benny was my dinner partner.

MORRIS: That's a nice bonus.

FENLON: Oh, it was the best bonus of all. No, I still think Reagan has the very best ideas that have ever been proposed. But he gets waylaid by somebody in his staff that doesn't know what they're talking about.

MORRIS: Did it take much convincing for the medical association to provide housing for this council and to get the medical profession involved in doing what the governor wanted in terms of drug abuse education?

FENLON: Oh, it went back and forth, but mostly.... Do you know very much about governmental work? Do you know who does the work?

MORRIS: I've been observing. Like in every other business, the administrative assistant.

FENLON: It's not only he but the others that are full-time employees, year after year after year.

MORRIS: Career civil service?

¹ Remarks by Governor Ronald Reagan, 100th Anniversary Dinner, Los Angeles County Medical Society, May 22, 1971.

FENLON: Career civil service. And this is where the career civil service wrote the Medicare and Medi-Cal regulations. There's where they put the s's and n's in. And we had nothing to do about it.

MORRIS: That's interesting.

FENLON: The law was passed.

MORRIS: I would have thought, you know, that the regulations would have been written in consultation with the people who were going to deliver them. No? No.

FENLON: You see, this is what happens with all the law--I read it in other things--that the full-time employees of the government are the ones writing the regulations, that want them the way they want them and the way they think they should be and the way they think the law was written for, even though it states differently. The implications: that's what they write on.

MORRIS: Let's tackle the other one that's still reverberating as a social issue. When you were president, the medical association took a position for liberalized abortion laws.

FENLON: Oh, yes.

MORRIS: Was that something that you'd followed through when the California legislation was passed?

FENLON: We'd worked on that before. Let's see, how did we word that?

MORRIS: What I came across was that at the annual meeting ...

FENLON: [Reading] ". . . had taken a position advocating health insurance for all liberalized abortion laws, a deep and difficult position." We still have members that don't come back to annual meetings because they are so mad. But they are individual religious problems that mean they can't go along with it. That's why.

MORRIS: But yes, Governor Reagan signed the bill when he was governor, about '68.¹

FENLON: But it's the same old story that you can't convince some people that it's worse to have a child raised in certain situations than it is to have them.... The embryo, which is a living cell. What it is is a living

¹ S.B. 462, 1967 Reg. Sees., Cal. Stat., ch. 327.

being; it's a cell or a group of cells that couldn't live unless they were in a certain protected environment. And that, to me is kind of farfetched. But, you see, mine's a broader scientific outlook, and I understand how these people feel because they say that's killing a life. Well, not really. It's just a bunch of cells which wouldn't do anything if they weren't inside ...

MORRIS: A warm, nurturing environment, yes.

FENLON: And many of them don't. There's only one out of every four pregnancies that's ever started that ever get through.

MORRIS: That's an interesting statistic that I don't think is generally known.

FENLON: One out of four. And when you know that before this problem ever came up...

MORRIS: That nature deals with a lot of them.

FENLON: Nature takes care of a lot of it very naturally. And anything that's malformed, nature doesn't want anything to do with it.

MORRIS: When you were president, did you routinely stay in touch with the governor's office?

FENLON: You mean president of the CMA?

MORRIS: Yes.

FENLON: Well, our office did. Oh, yes. Back and forth all the time. He asked us for specific things, as I told you, "Could you help us with this problem or help us with that problem?" And then he had some of his committees and subcommittees and commissions asking us to share some of our members that would be a benefit to the committee regarding whatever it happened to be. He was always very friendly, and after we got rid of Brian, why then it was easier going. Except [Secretary of California Health and Welfare Agency Mario] Obledo wasn't too.... We had trouble with all of them, because they get to be master.

MORRIS: Would there have been somebody in the governor's office directly that you would have worked with?

FENLON: Well, it would have been Brian, you see, in the beginning, and then when he left, why, then it was Obledo, I think.

MORRIS: Well, there was a man named [California Health and Welfare Secretary James] Jim Jenkins for a while.

FENLON: Jenkins--he was there for a while.

MORRIS: Obledo was one of [Governor Edmund L.] Jerry Brown's [Jr.] appointees.

FENLON: Jim Jenkins was first. It was somebody else, next.

MORRIS: It was Spencer Williams.

FENLON: Spencer Williams.

MORRIS: ... at first and James Hall before Brian. But not Mr. [Edwin] Meese or Mr. [Michael] Deaver or one of the people from the governor's office, usually through the secretary of health and welfare?

FENLON: No. As I say, Reagan was always most cordial and always came to our annual meetings to give a speech if we wanted him and went down, let's see, it was the 100th anniversary, where he gave the one you sent me.

MORRIS: That was a very interesting speech. He both sounded like he was taking you to task and also very much asked for your advice and assistance.

FENLON: See, most people don't realize what goes behind all that. And he didn't either, when he got into it. I bet he thought, "What hornet's nest have I gotten into?"

MORRIS: Being governor or with the health programs?

FENLON: With the medical programs, well, Medicare and Medi-Cal. Wouldn't you? Gosh, if I'd been.... [Pause]

MORRIS: Well, he knew they were there when he was campaigning.

FENLON: Yes, he certainly did, but you know, you never pay any attention to This is like our poor friend [Governor George] Deukmejian. He got his when he tried it. Here's the PPOs. I'll leave those for another time for you, if you have another time that you want to come.

[End Tape 2, Side B]